

ORIGINAL  
(Red)

A Preliminary Assessment  
of  
National Fence Manufacturing Co., Inc.  
Bladensburg, Maryland

MD-124

Final Report  
April 1985

Prepared By: Maryland Waste Management Administration  
201 West Preston Street  
Baltimore, Maryland 21201

For: U.S. Environmental Protection Agency  
Region III  
841 Chestnut Building  
Philadelphia, Pennsylvania 19107

ORIGINAL  
(Red)

National Fence Manufacturing Co., Inc.  
Bladensburg, Maryland

Table of Contents

	<u>Page</u>
Summary and Recommendations	1
EPA Preliminary Assessment Form	3
Field Trip Summary Report	7
Map and Drawing	10
Photographs	12

### Summary and Recommendations

The National Fence Manufacturing Company, Inc. notified EPA under CERCLA that all waste (K062) was removed by various truckers between 1959 and 1981. This particular report was signed by Steven Grondalski, Environmental Control Manager, who is currently employed by Capitol Wire and Fence Corp., a company which was once owned by the former owner of the National Fence Manufacturing Co., Inc.

For the first nine years of the reporting period, from 1959 through 1968, National Fence Manufacturing Co., Inc. was owned and operated by Jack Long. The company occupied two blocks of buildings and open areas between 45th and 47th Streets bounded by Upsher and Tanglewood Avenues.

In 1968, the entire property was sold to P&F Industries of Great Neck, New York, who operated as National Fence Manufacturing Co., Inc. until bankruptcy in 1981. The property was purchased by Merchant's Metals who shut down manufacturing, but retained the company's name, assets and liabilities.

At this time, the property was subdivided and part of it was leased to Jack Long, the original owner, who occupies two units and trades as Security Fence Company.

The National Fence Manufacturing Co., Inc. site is located in the middle of a large light industrial manufacturing area. No storm drains were observed on any streets surrounding the property. The entire area is either paved or blacktopped. There appears to be no place that waste could be buried or otherwise dumped. Mr. Long confirmed Mr. Grondalski's statement that waste was hauled away when he owned the company. He was unable to identify the hauler after the passing of 16 years.

No further action is needed.

Page 2

Contacts for further information are:

Jack Long, Security Fence (301-927-4080)

Steve Grondalski, Capital Fence (301-779-7000)

Bill Preston, Merchants Metals (800-438-7016) (VP of National Fence 1959-1981)





POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION  
01 STATE 02 SITE NUMBER  
MD

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) National Fence Mfg Co., Inc.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 4301 46th Street			
03 CITY Bladensburg		04 STATE MD	05 ZIP CODE 20710	06 COUNTY Prince George's	07 COUNTY CODE 08 CONG DIST
09 COORDINATES LATITUDE 38 58 00 LONGITUDE 76 55 40					
10 DIRECTIONS TO SITE (Starting from nearest public road) From Kenilworth and Upsher, drive west on Upsher then north on 46th Street					

ORIGINAL  
(Red)

III. RESPONSIBLE PARTIES

01 OWNER (if company) See narrative		02 STREET (Business, mailing, residential) -			
03 CITY		04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER ( ) -	
07 OPERATOR (if different from owner) No longer in operation		08 STREET (Business, mailing, residential) N/A			
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ( ) N/A	
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: 6, 3, 81 <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (RCRA 103) DATE RECEIVED: / / <input type="checkbox"/> C. NONE MONTH DAY YEAR MONTH DAY YEAR					

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION: <input checked="" type="checkbox"/> YES DATE 3, 23, 84 <input type="checkbox"/> NO MONTH DAY YEAR		02, Check all that apply: <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: (Specify)			
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR 1959   1981 ENDING YEAR <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED None					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION No hazard					

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time schedule basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
---	--	--	--	--	--

VI. INFORMATION AVAILABLE FROM

01 CONTACT See narrative		02 OF (Agency/Organization) -		03 TELEPHONE NUMBER ( )	
04 PERSON RESPONSIBLE FOR ASSESSMENT M. Broumberg		05 AGENCY DHMH/OEP	06 ORGANIZATION WMA	07 TELEPHONE NUMBER 301, 383-6650	08 DATE 5, 31, 84 MONTH DAY YEAR





### IDENTIFICATION

01 STATE	02 SITE NUMBER
MD	

## II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS N/A

N/A

<b>01 PHYSICAL STATES</b> (Check all that apply) <input type="checkbox"/> A. SOLID <input type="checkbox"/> B. POWDER, FINES <input type="checkbox"/> C. SLUDGE <input type="checkbox"/> D. OTHER _____ <input type="checkbox"/> E. SLURRY <input type="checkbox"/> F. LIQUID <input type="checkbox"/> G. GAS <input type="checkbox"/> H. OTHER _____ (Specify)	<b>02 WASTE QUANTITY AT SITE</b> (Measure of waste quantity must be independent) TONS _____ CUBIC YARDS _____ NO. OF DRUMS _____	<b>03 WASTE CHARACTERISTICS</b> (Check all that apply) <input type="checkbox"/> A. TOXIC <input type="checkbox"/> B. CORROSIVE <input type="checkbox"/> C. RADIOACTIVE <input type="checkbox"/> D. PERSISTENT <input type="checkbox"/> E. SOLUBLE <input type="checkbox"/> F. INFECTIOUS <input type="checkbox"/> G. FLAMMABLE <input type="checkbox"/> H. IGNITABLE <input type="checkbox"/> I. HIGHLY VOLATILE <input type="checkbox"/> J. EXPLOSIVE <input type="checkbox"/> K. REACTIVE <input type="checkbox"/> L. INCOMPATIBLE <input type="checkbox"/> M. NOT APPLICABLE
---	--	--

III. WASTE TYPE	N/A
-----------------	-----

N/A

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS			
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

## IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers) N/A

N/A

[illegible]

V. FEEDSTOCKS (See Addendum for CAS Numbers)	N/A
--	-----

N/A

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

## VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample surveys, reports) N/A

---

N/A



# POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
MD	

## II. HAZARDOUS CONDITIONS AND INCIDENTS N/A

01 <input type="checkbox"/> A. GROUNDWATER CONTAMINATION	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

01 <input type="checkbox"/> B. SURFACE WATER CONTAMINATION	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

01 <input type="checkbox"/> C. CONTAMINATION OF AIR	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

01 <input type="checkbox"/> D. FIRE/EXPLOSIVE CONDITIONS	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

01 <input type="checkbox"/> E. DIRECT CONTACT	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

01 <input type="checkbox"/> F. CONTAMINATION OF SOIL	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ <small>(Acres)</small>	04 NARRATIVE DESCRIPTION		

01 <input type="checkbox"/> G. DRINKING WATER CONTAMINATION	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

01 <input type="checkbox"/> H. WORKER EXPOSURE/INJURY	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

01 <input type="checkbox"/> I. POPULATION EXPOSURE/INJURY	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		





POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

L IDENTIFICATION  
01 STATE 02 SITE NUMBER  
MD

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued) N/A

01 ☐ J. DAMAGE TO FLORA 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

01 ☐ K. DAMAGE TO FAUNA 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION (Include names of species)

01 ☐ L. CONTAMINATION OF FOOD CHAIN 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

M. UNSTABLE CONTAINMENT OF WASTES  
(Sinks, run-off, standing liquids, leaking drums)  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL OR ALLEGED HAZARDS

06 TOTAL POPULATION POTENTIALLY AFFECTED: N/A

IV. COMMENTS N/A

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports) N/A



ORIGINAL  
(Red)FIELD TRIP SUMMARY REPORT

This summary should be prepared in conjunction with the Preliminary Assessment Form, (EPA Form T2070-2), so that a proper site rating can be assigned.

Name of Site National Fence Mfg Co., Inc.

EPA Case Number \_\_\_\_\_

- I. If site is active, has owner/operator notified EPA in accordance with Section 3010 of RCRA. Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes: a) Note EPA I.D. No. Site is inactive  
b) Is the site a generator, storer, treater or disposer of hazardous waste? (CIRCLE ONE). Site was generator
- II. If the answers submitted in Part VI (Hazard Description) of EPA Form T2070-2 or observations warrant a more thorough site investigation/sampling, please attach a sketch map showing those areas of concern. (i.e.: lagoons, leachate seeps, drum storage, monitoring wells, etc.).
- III. Please list site contacts and accompanying inspectors; include name, title and phone numbers. \_\_\_\_\_  
Jack Long, Past President, 927-4080  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- IV. Site observations: (attach a topo map).
- A. Population within 1000 ft. of the site is (CHECK ONE)  
1. 0-10 people  
2. 10-100 people  
3. greater than 100 people - Workforce population
- B. List surrounding land use: (woodlot, agricultural, playground, industrial, etc.)  
North: Industrial  
South: Industrial  
East: Industrial  
West: Industrial

FIELD TRIP SUMMARY REPORT

A data base of wells within a 3 mile radius of this site is stored in the central computer. The coordinates are: (b) (9)

## C. Water supply for area. (CHECK ONE)

1. Surface intakes (b) (9)
2. Municipal wells
3. Domestic wells:

- a. Approximate number within  $\frac{1}{2}$  mile. see above
- b. Locate a minimum of 3 wells on attached map and list below:

Property owner \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Well records available	YES _____	NO _____	YES _____	NO _____	YES _____	NO _____
Odor problems	YES _____	NO _____	YES _____	NO _____	YES _____	NO _____
Taste problems	YES _____	NO _____	YES _____	NO _____	YES _____	NO _____

- c. If odor or taste problems are reported please elaborate: \_\_\_\_\_

Area served by municipal water supply

\_\_\_\_\_

- D. Are surface or subsurface, (leachate), drainage areas from site apparent?  
YES \_\_\_\_\_ NO X If yes:

1. Were unusual odors or stains noted? YES \_\_\_\_\_ NO X
2. Was stressed vegetation noted? YES \_\_\_\_\_ NO X

- a. If yes please note area on map.

- E. Are streams or receiving waters adjacent to site? YES X NO \_\_\_\_\_  
If yes, list observations: (i.e.-change in benthic community, change in plant density/diversity, change in color, siltation, etc.). \_\_\_\_\_

No changes - Anacostia River within 1/4 - 1/2 mile

\_\_\_\_\_

\_\_\_\_\_

- F. Site topography: (i.e.-plateau, strip mine ravines, etc.). \_\_\_\_\_

Heavily developed municipal area

\_\_\_\_\_

- G. Other observations: (i.e.-erosion, located in flood plain, etc.). \_\_\_\_\_

None

\_\_\_\_\_

\_\_\_\_\_



FIELD TRIP SUMMARY REPORT

Page 3

- V. Were photographs taken? YES ☒ NO ☐  
If yes: Who has custody of photos? \_\_\_\_\_

Name: Michael Broumberg

Agency: Dept of Health and Mental Hygiene, Office of Environmental Programs,  
Waste Management Administration

Phone No.: 301-383-6650

- VI. Is a hydrogeological survey for this site attached? YES ☐ NO ☐  
If no, Section III D of EPA Form T2070-2 must be completed.

- VII. Please attach pertinent copies of reports or data reviewed by inspector:  
(i.e., State monitoring data, consultant reports, etc.).

- VIII. Name of Inspector: Michael Broumberg

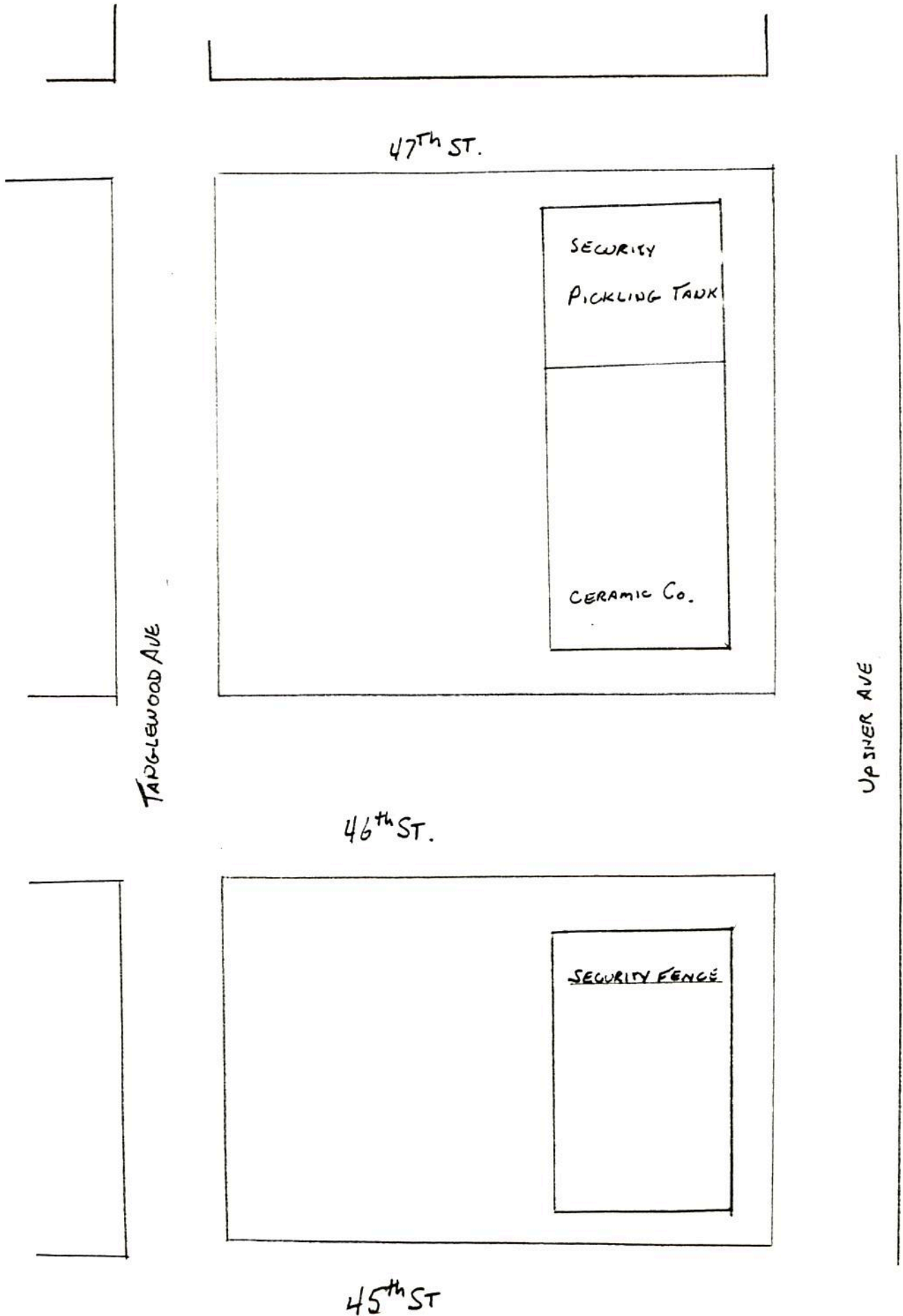
Agency: Department of Health and Mental Hygiene, Office of Environmental Programs,  
Waste Management Administration

Phone No.: 301-383-6650

Time on Site: 9:00 AM, 3/23/84

Weather Conditions: Clear, 50°





National Fence Manufacturing Co., Inc.

ORIGINAL  
(Red)



Two views of building which contains pickling tank used by National Fence, P&F,  
and Security Fence